

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 24 1934

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

24540

1. PLACE OF DEATH

County Jackson  
Township Bar  
City N. P. Mo.

Registration District No. 399

Primary Registration District No. 1000

File No. 3138

Registered No. 3138

St. Ward

2. FULL NAME

(a) Residence, No. 3207 E-24th St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar - 2 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 — 4 : 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Earl Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Mary Gillespie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mr. Earl Bailey

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Wash DATE July 17, 1934

19. UNDERTAKER Mrs. C. D. Foster

20. FILED July 16, 1934 M. M. Brown

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 15 - 34

22. I, Spitz, attended deceased from 1934 to 1934

I last saw h alive on 11:15 19 34 Death is said

to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

Phosphorus Poisoning  
Acute hepatitis

Other contributory causes of importance:

Name of operation Culinary Date of 1934

What test confirmed diagnosis as there an autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 1934

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [Signature], M. D.

(Address) [Signature]

